DME Happenings

Jurisdiction D

March 2022

In This Issue…

This Bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff. Bulletins are available at no-cost from our website at: http://med.noridianmedicare.com

Don't be left in the dark, sign up for the Noridian e-mail listing to receive updates that contain the latest Medicare news. Visit the Noridian website and select "Subscribe" on the bottom right-hand corner of any page.

Medicare Learning Network
go.cms.gov/mln

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo

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Healthcare Solutions

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Noridian Healthcare Solutions, LLC

NEWS.....

Jurisdiction D DME MAC Supplier Contacts and Resources

PHONE NUMBERS

Department/System	Phone Number	Availability
Interactive Voice Response System (IVR)	877-320-0390	General IVR inquiries: 24/7 Claim-specific inquiries: Monday - Friday 6 a.m. - 8 p.m. CT Saturday 6 a.m. - 3 p.m. CT
Supplier Contact Center	877-320-0390	Monday - Friday 8 a.m. - 6 p.m. CT
Telephone Reopenings	877-320-0390	Monday - Friday 8 a.m. - 6:00 p.m. CT
Beneficiary Customer Service	800-633-4227	24/7

FAX NUMBERS

Department	Fax Number
Reopenings/Redeterminations Recovery Auditor Redeterminations	701-277-7886
Recoupment • Refunds to Medicare • Immediate Offsets	701-277-7894
MSP Refunds	701-277-7892
Recovery Auditor Offsets	701-277-7896
MR Medical Documentation	701-277-7888

EMAIL ADDRESSES

Correspondence	When to Use This Address	Email Address
Customer Service	Suppliers can submit emails to Noridian for answers regarding basic supplier information regarding Medicare regulations and coverage	See webpage https://med.noridianmedicare.com/web/jddme/contact/email-customer-service
Comprehensive Error Rate Testing (CERT)	Use this address for CERT related inquiries, such as outcomes and status checks. *Include the CID within the message*	jddmecert@noridian.com
Congressional Inquiries or FOIA Requests	Use this address when submitting Freedom of Information Act (FOIA) requests or if the request is coming from a Congressional office. *Emails sent to this address require specific information. Review the Freedom of Information Act or Congressional Inquiries webpages for a full listing of required items to include*	DMEDCongressional.FOIA@noridian.com

Correspondence	When to Use This Address	Email Address
LCD: New LCD Request	Use this address to request the creation of a new LCD. *Emails sent to this address require specific information. Review the New LCD Request Process webpage for a full listing of required items to include*	DMERecon@noridian.com
LCD Reconsideration Request	Use this address to request a revision to an existing LCD. *Emails sent to this address require specific information. Review the LCD Reconsideration Process webpage for a full listing of required items to include*	DMERecon@noridian.com
Recoupment	Use this address to submit requests for immediate offsets of open debt(s)	dmemsprecoupment@noridian.com
Reopenings and Redeterminations	Use this address with questions regarding: Timely Filing Inquiries, Appeal Rights and Regulations, Coverage Questions, Redetermination Documentation Requirements, Social Security Laws, Interpretation of Redetermination Decisions and Policies	dmeredeterminations@noridian.com
Website Questions	Use this form to report website ease of use or difficulties	See webpage https://med.noridianmedicare.com/web/jddme/help/website-feedback
CMS Comments on Noridian	Use this contact information to send comments to CMS concerning Noridian's performance	See webpage https://med.noridianmedicare.com/web/jddme/contact/cotr

MAILING ADDRESSES

Department	Address

• Advance Determination of Medicare Coverage Requests
• Claim Submission
• Correspondence
• Medical Review Documentation
  ○ Complex Medical Review Response
• Redetermination Requests
  ○ Overpayment Redetermination and Rebuttal Requests
  ○ Recovery Auditor Redeterminations
• Refunds
• Written Reopening Requests
• Electronic Funds Transfer (EFT)
	Noridian JD DME
	Attn: _____
	PO Box 6727
	Fargo, ND 58108-6727

• Extended Repayment Schedule (ERS) • Refund Checks	Noridian JD DME Attn: Refunds PO Box 511531 Los Angeles, CA 90051-8086
Administrative Simplification Compliance Act (ASCA)	Noridian JD DME Attn: ASCA PO Box 6736 Fargo, ND 58108-6736

Department	Address
Benefit Integrity	Noridian JD DME Attn: Benefit Integrity PO Box 6736 Fargo, ND 58108-6736
Congressional Inquiries	Noridian JD DME Attn: Congressional PO Box 6727 Fargo, ND 58108-6727
Education	Noridian JD DME Attn: DME Education PO Box 6727 Fargo, ND 58108-6727
Freedom of Information Act (FOIA)	Noridian JD DME Attn: FOIA PO Box 6727 Fargo, ND 58108-6727
LCD: New LCD Request	Noridian JD DME Attn: New LCD Request PO Box 6742 Fargo, ND 58108-6742
LCD Reconsideration Request	Noridian JD DME Attn: DME LCD Reconsiderations PO Box 6742 Fargo, ND 58108-6742
Medical Review - Prior Authorization Requests (PAR)	Noridian JD DME Attn: DME MR-PAR PO Box 6742 Fargo, ND 58108-6742
Recovery Auditor Overpayments	Noridian JD DME Attn: Recovery Auditor Overpayments PO Box 6727 Fargo, ND 58108-6727

DME MACS AND OTHER RESOURCES

MAC/Resource	Phone Number	Website
Noridian: Jurisdiction A	866-419-9458	https://med.noridianmedicare.com/web/jadme
Noridian: Jurisdiction D	877-320-0390	https://med.noridianmedicare.com/web/jddme
CGS: Jurisdiction B	877-299-7900	https://www.cgsmedicare.com/
CGS: Jurisdiction C	866-238-9650	https://www.cgsmedicare.com/
Pricing, Data Analysis and Coding (PDAC)	877-735-1326	https://www.dmepdac.com/
National Supplier Clearinghouse	866-238-9652	https://www.palmettogba.com/nsc
Common Electronic Data Interchange (CEDI) Help Desk	866-311-9184	https://www.ngscedi.com
Centers for Medicare and Medicaid Services (CMS)		https://www.cms.gov/

Beneficiaries Call 1-800-MEDICARE

Suppliers are reminded that when beneficiaries need assistance with Medicare questions or claims that they should be referred to call 1-800-MEDICARE (1-800-633-4227) for assistance. The supplier contact center only handles inquiries from suppliers.

The table below provides an overview of the types of questions that are handled by 1-800-MEDICARE, along with other entities that assist beneficiaries with certain types of inquiries.

Organization	Phone Number	Types of Inquiries
1-800-MEDICARE	1-800-633-4227	General Medicare questions, ordering Medicare publications or taking a fraud and abuse complaint from a beneficiary
Social Security Administration	1-800-772-1213	Changing address, replacement Medicare card and Social Security Benefits
RRB - Railroad Retirement Board	1-800-808-0772	For Railroad Retirement beneficiaries only - RRB benefits, lost RRB card, address change, enrolling in Medicare
Coordination of Benefits - Benefits Coordination & Recovery Center (BCRC)	1-855-798-2627	Reporting changes in primary insurance information

Another great resource for beneficiaries is the website, https://www.medicare.gov/, where they can:

- Compare hospitals, nursing homes, home health agencies, and dialysis facilities
- Compare Medicare prescription drug plans
- Compare health plans and Medigap policies
- Complete an online request for a replacement Medicare card
- Find general information about Medicare policies and coverage
- Find doctors or suppliers in their area
- Find Medicare publications
- Register for and access MyMedicare.gov

As a registered user of MyMedicare.gov, beneficiaries can:

- View claim status (excluding Part D claims)
- Order a duplicate Medicare Summary Notice (MSN) or replacement Medicare card
- View eligibility, entitlement and preventive services information
- View enrollment information including prescription drug plans
- View or modify their drug list and pharmacy information
- View address of record with Medicare and Part B deductible status
- Access online forms, publications and messages sent to them by CMS

Medicare Learning Network Matters Disclaimer Statement

Below is the Centers for Medicare & Medicaid (CMS) Medicare Learning Network (MLN) Matters Disclaimer statement that applies to all MLN Matters articles in this bulletin.

"This article was prepared as a service to the public and is not intended to grant rights or impose obligations. MLN Matters articles may contain references or links to statutes, regulations or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents."

Sources for “DME Happenings” Articles

The purpose of “DME Happenings” is to educate Noridian’s Durable Medical Equipment supplier community. The educational articles can be advice written by Noridian staff or directives from CMS. Whenever Noridian publishes material from CMS, we will do our best to retain the wording given to us; however, due to limited space in our bulletins, we will occasionally edit this material. Noridian includes “Source” following CMS derived articles to allow for those interested in the original material to research it at CMS’s website, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals. CMS Change Requests and the date issued will be referenced within the "Source" portion of applicable articles.

CMS has implemented a series of educational articles within the Medicare Leaning Network (MLN), titled “MLN Matters”, which will continue to be published in Noridian bulletins. The Medicare Learning Network is a brand name for official CMS national provider education products designed to promote national consistency of Medicare provider information developed for CMS initiatives.

Physician Documentation Responsibilities

Suppliers are encouraged to remind physicians of their responsibility in completing and signing the Certificate of Medical Necessity (CMN). It is the physician’s and supplier’s responsibility to determine the medical need for, and the utilization of, all health care services. The physician and supplier should ensure that information relating to the beneficiary’s condition is correct. Suppliers are also encouraged to include language in their cover letters to physicians reminding them of their responsibilities.

Source: CMS Internet Only Manual (IOM), Publication 100-08, Medicare Program Integrity Manual, Chapter 5, Section 5.3.2

Automatic Mailing/Delivery of DMEPOS Reminder

Suppliers may not automatically deliver DMEPOS to beneficiaries unless the beneficiary, physician, or designated representative has requested additional supplies/equipment. The reason is to assure that the beneficiary actually needs the DMEPOS.

A beneficiary or their caregiver must specifically request refills of repetitive services and/or supplies before a supplier dispenses them. The supplier must not automatically dispense a quantity of supplies on a predetermined regular basis.

A request for refill is different than a request for a renewal of a prescription. Generally, the beneficiary or caregiver will rarely keep track of the end date of a prescription. Furthermore, the physician is not likely to keep track of this. The supplier is the one who will need to have the order on file and will know when the prescription will run out and a new order is needed. It is reasonable to expect the supplier to contact the physician and ask for a renewal of the order. Again, the supplier must not automatically mail or deliver the DMEPOS to the beneficiary until specifically requested.

Source: Internet Only Manual (IOM), Publication 100-4, Medicare Claims Processing Manual, Chapter 20, Section 200

Refunds to Medicare

When submitting a voluntary refund to Medicare, please include the Overpayment Refund Form found on the Forms page of the Noridian DME website. This form provides Medicare with the necessary information to process the refund properly. This is an interactive form which Noridian has created to make it easy for you to type and print out. We’ve included a highlight button to ensure you don’t miss required fields. When filling out the form, be sure to refer to the Overpayment Refund Form instructions.

Processing of the refund will be delayed if adequate information is not included. Medicare may contact the supplier directly to find out this information before processing the refund. If the specific patient name, Medicare number or claim number information is not provided, no appeal rights can be afforded.

Suppliers are also reminded that “The acceptance of a voluntary refund in no way affects or limits the rights of the Federal Government or any of its agencies or agents to pursue any appropriate criminal, civil, or administrative remedies arising from or relating to these or any other claims.”

Source: Transmittal 50, Change Request 3274, dated July 30, 2004

Telephone Reopenings: Resources for Success

This article provides the following information on Telephone Reopenings: contact information, hours of availability, required elements, items allowed through Telephone Reopenings, those that must be submitted as a redetermination, and more.

Per the CMS Internet-Only Manual (IOM) Publication 100-04, Chapter 34, Section 10, reopenings are separate and distinct from the appeals process. Contractors should note that while clerical errors must be processed as reopenings, all decisions on granting reopenings are at the discretion of the contractor.

Section 10.6.2 of the same Publication and Chapter states a reopening must be conducted within one year from the date of the initial determination.

Question	Answer
How do I request a Telephone Reopening?	To request a reopening via telephone, call 1-877-320-0390.
What are the hours for Telephone Reopenings?	Monday - Friday 8 a.m. - 6 p.m. CT Holiday and Training Closures can be found at https://med.noridianmedicare.com/web/jddme/contact/holiday-schedule and https://med.noridianmedicare.com/web/jddme/contact/training-closures
What information do I need before I can initiate a Telephone Reopening?	Before a reopening can be completed, the caller must have ***all*** of the following information readily available as it will be verified by the Telephone Reopenings representative. If at any time the information provided does not match the information in the claims processing system, the Telephone Reopening cannot be completed. Verified by Customer Service Representative (CSR) or IVR • National Provider Identifier (NPI) • Provider Transaction Access Number (PTAN) • Last five digits of Tax Identification Number (TIN) Verified by CSR • Caller's name • Provider/Facility name • Beneficiary Medicare number • Beneficiary first and last name • Date of Service (DOS) • Last five digits of Claim Control Number (CCN) • HCPCS code(s) in question • Corrective action to be taken Claims with remark code MA130 can **never** be submitted as a reopening (telephone or written). Claims with remark code MA130 are considered unprocessable and do not have reopening or appeal rights. The claim is missing information that is needed for processing or was invalid and must be resubmitted.

Question	Answer
What may I request as a Telephone Reopening?	The following is a list of clerical errors and omissions that **may** be completed as a Telephone Reopening. Note: This list is not all-inclusive. • Diagnosis code changes or additions • Date of Service (DOS) changes • HCPCS code changes • Certain modifier changes or additions (not an all-inclusive list) If, upon research, any of the above change are determined too complex, the caller will be notified the request needs to be sent in writing as a redetermination with the appropriate supporting documentation.
What is not accepted as a Telephone Reopening?	The following will not be accepted as a Telephone Reopening and must be submitted as a redetermination with supporting documentation. • Overutilization denials that require supporting medical records • Certificate of Medical Necessity (CMN) issues (applies to Telephone Reopenings only) • Durable Medical Equipment Information Form (DIF) issues (applies to both Written and Telephone Reopenings) • Oxygen break in service (BIS) issues • Overpayments or reductions in payment. Submit request on Overpayment Refund Form • Medicare Secondary Payer (MSP) issues • Claims denied for timely filing (older than one year from initial determination) • Complex Medical Reviews or Additional Documentation Requests (ADRs) • Change in liability • Recovery Auditor-related items • Certain modifier changes or additions: EY, GA, GY, GZ, K0 - K4, KX, RA (cannot be added), RB, RP • Certain HCPCS codes: E0194, E1028, K0108, K0462, L4210, All HCPCS in Transcutaneous Electrical Nerve Stimulator (TENS) LCD, All National Drug Codes (NDCs), miscellaneous codes and codes that require manual pricing The above is not an all-inclusive list.
What do I do when I have a large amount of corrections?	If a supplier has at least 10 of the same correction, that are able to be completed as a reopening, the supplier should notify a Telephone Reopenings representative. The representative will gather the required information for the supplier to submit a Special Project.
Where can I find more information on Telephone Reopenings?	• Supplier Manual Chapter 13 • Reopening webpage • CMS IOM, Publication 100-04, Chapter 34
Additional assistance available	Suppliers can email questions and concerns regarding reopenings and redeterminations to dmeredeterminations@noridian.com. Emails containing Protected Health Information (PHI) will be returned as unprocessable.

CERT Documentation

This article is to remind suppliers they must comply with requests from the Comprehensive Error Rate Testing (CERT) Documentation Contractor for medical records needed for the CERT program. An analysis of the CERT related appeals workload indicates the reason for the appeal is due to "no submission of documentation" and "submitting incorrect documentation."

Suppliers are reminded the CERT program produces national, contractor-specific and service-specific paid claim error rates, as well as a supplier compliance error rate. The paid claim error rate is a measure of the extent to which the Medicare program is paying claims correctly. The supplier compliance error rate is a measure of the extent to which suppliers are submitting claims correctly.

The CERT Documentation Contractor sends written requests for medical records to suppliers that include a checklist of the types of documentation required. The CERT Documentation Contractor will mail these letters to suppliers individually. Suppliers must submit documentation to the CERT Operations Center via fax, the preferred method, or mail at the number/address specified below.

The secure fax number for submitting documentation to the CERT Documentation Contractor is 804-261-8100.

Mail all requested documentation to:

AdvanceMed
CERT Documentation Center
1510 East Parham Road
Henrico, VA 23228

The CID number is the CERT reference number contained in the documentation request letter.

Suppliers may call the CERT Documentation Contractor at 888-779-7477 with questions regarding specific documentation to submit.

Suppliers must submit medical records within 75 days from the receipt date of the initial letter or claims will be denied. The supplier agreement to participate in the Medicare program requires suppliers to submit all information necessary to support the services billed on claims.

Also, Medicare patients have already given authorization to release necessary medical information in order to process claims. Therefore, Medicare suppliers do not need to obtain a patient's authorization to release medical information to the CERT Documentation Contractor.

Suppliers who fail to submit medical documentation will receive claim adjustment denials from Noridian as the services for which there is no documentation are interpreted as services not rendered.

2021 1099 Tax Forms Available on NMP

The 2021 1099-INT and/or 1099-MISC are now available on the Noridian Medicare Portal (NMP). The 1099 inquiry is available through the Financials function.

1099s on the portal are a courtesy copy of the official 1099 form that was mailed to your facility. View the 1099 Inquiry section of the Portal Guide to download your copy today.

Billing Not Otherwise Classified (NOC) Codes

Have questions about what is required when billing a Not Otherwise Classified (NOC) HCPCS code and where to add the information? Please utilize the Billing Not Otherwise Classified (NOC) HCPCS Code webpage on our website for answers.

CBIC Redesign

The Centers for Medicare & Medicaid Services (CMS) and the Competitive Bidding Implementation Contractor (CBIC) are pleased to announce the redesigned CBIC homepage. The new design has one-click easy access to each phase, and a new display of Upcoming Events. It's also more mobile-friendly, allowing you to better view web pages on your devices, such as smartphones or tablets. Check out the redesign today.

Common Billing Situations - Articles and Resources Available

The Billing Situations webpage on the Noridian website addresses circumstances encountered during the billing process. Articles and resources are located on the Billing Situations webpage. Topics like the ones below are explained in greater detail and additional resources are provided.

- Accessories and Supplies Used with Beneficiary-Owned Equipment
- Back-Up Equipment
- Beneficiaries Entering Medicare
- Hospice
- Medicare Advantage Plan
- Medicare HMO Beneficiaries Transferring to Fee-For-Service Medicare
- New Capped Rental Period

Condition of Payment Prior Authorization Expands to Include Select Orthotics

In December 2016, CMS issued a final rule that established a Condition of Payment Prior Authorization (COPPA) process for certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) that are frequently subject to unnecessary utilization. This process was implemented in March 2017 for two HCPCS codes and expanded to include 51 items as of December 2020.

CMS published a notice in the Federal Register January 13 adding the following orthotics HCPCS codes to COPPA program: Lumbosacral Orthoses L0648 and L0650 and Knee Orthoses L1832, L1833, and L1851.

Implementation of prior authorization (PA) for these codes will occur in three separate phases.

Phase I will require beneficiaries residing in California, Florida, Illinois, and New York to have a PA on file prior to providing and billing these orthoses.

Phase II is effective for dates of service on or after July 12, 2022, for Maryland, Pennsylvania, New Jersey, Michigan, Ohio, Kentucky, Texas, North Carolina, Georgia, Missouri, Arizona, and Washington.

Phase III expands nationwide effective for dates of service on or after October 10, 2022.

See the Medicare Learning Network (MLN) article SE20007 for additional information on the COPPA expansion.

Cyber Security: Exercise Caution

Noridian has recently been made aware of increased attempts by bad actors to solicit fraudulent payments from health care providers and suppliers.

We urge our community of health care providers, durable medical equipment suppliers, and other medical professionals to exercise caution. Please be mindful of maintaining best practices for cyber security and apply extra diligence in checking the details of communications and monetary transfers. In particular, pay close attention to links, email addresses, and domain names to ensure they are from legitimate sources and not from similar or lookalike URLs.

Remember, Noridian will never send, nor ask for, banking or other confidential information without following standard encryption and cyber security practices. If necessary, we will call to provide a password and/or send information via fax. If you notice any suspicious communications or details that don't seem quite right, or if you have any questions, please feel free to contact us through our Contact Center to confirm information.

Denials for Beneficiary-Owned Equipment

Have you experienced denials for beneficiary-owned equipment not on file, Reason code 16, Remark code M124? Visit our Denial Code Resolution tool for common reasons for denial, the next steps to take to resolve and how to avoid future denials. Add narrative to claim denied and rebill, then contact the supplier contact center to get the information on file for future claims.

The Difference Between a Standard and Level 200 (L200) Webinar

Standard Webinar: All Noridian webinars provide an in-depth explanation of the topic being presented. Coverage criteria, standard documentation, coding, and billing will be addressed as they are pertinent to the topic. We use the Local Coverage Determination (LCD), and Policy Article (PA), as well as information found on the Noridian website, to create these informative events. Whether you are new to Medicare or have a great deal of experience, our webinars have something for everyone.

Level 200 (L200) Webinars: To obtain the full value of these more advanced webinars requires a basic knowledge of the DMEPOS policy being addressed. These webinars review specific billing and documentation scenarios our medical review staff has encountered, or suppliers have submitted for education purposes.

Find out more on our Schedule of Events webpage.

Do You Have a Question About a Prefabricated Orthotic and How it Should be Coded and Billed?

We have created an Off-the-Shelf or Custom-Fitted Orthotic Lookup Tool to assist suppliers in determining the proper code to use. Orthoses are listed on the Pricing, Data Analysis and Coding (PDAC) website and are identified as either prefabricated off-the-shelf, prefabricated custom-fitted or custom fabricated. Utilizing this tool will provide you the information you need to determine which code to choose when providing prefabricated orthotics.

There are certain HCPCS codes categorized as custom fitted orthotics for which there are no corresponding off-the-shelf codes. If a prefabricated orthosis is categorized as custom fitted, but is delivered as off-the-shelf, one of the following miscellaneous codes must be used to bill the DME MAC and a narrative included on the claim.

- L1499 - Spinal orthosis, not otherwise specified
- L2999 - Lower extremity orthoses, not otherwise specified
- L3999 - Upper limb orthosis, not otherwise specified
- Narrative to include:
    - HCPCS code of item being provided
    - OTS to indicate it is off-the-shelf
    - Supplier's retail price (SRP)

DSMT and MNT Information Available on NMP

The Noridian Medicare Portal (NMP) now provides Diabetic Self-Management Training (DSMT) and Medical Nutrition Training (MNT) benefit information as part of an Eligibility Inquiry response. When the beneficiary that was inquired on has had DSMT or MNT services, the following information will display:

- Initial Date
- Accumulated Time in Minutes
- Follow-up Period
- HCPCS
- From/To Date
- Time in Minutes

If the beneficiary has not received the services, a message will be displayed stating that the patient has full benefits for that service.

To view other patient benefits available in NMP, view the Eligibility Benefits section of the Portal Guide.

Is That Ankle-Foot/Knee-Ankle-Foot Orthosis (AFO/KAFO) Off-the-Shelf (OTS) or Custom Fitted (CF)?

Are you still trying to understand OTS vs CF requirements? Both OTS and CF start with prefabricated orthoses. If an orthosis requires more than minimal self-adjustment at the time of delivery (expertise in trimming, bending, molding, etc.) it is considered custom fitted. A certified orthotist or an individual who has equivalent specialized training can perform more than minimal modifications for a custom fitted prefabricated orthotic. Please visit our Orthotics webpage "Tips" section for more information.

New C-Peptide Calculator Tool - Now Available

A new calculator has been created to help suppliers and billers determine if C-peptide testing requirement criterion A1 or A2 are met from the External Infusion Pump Local Coverage Determination. The calculator will calculate c-peptide results for renal insufficiency or without renal insufficiency and determine if the c-peptide levels meet the requirements of the LCD. This calculator can be found on the Noridian website Tools webpage.

New Years Updates

Some changes for the New Year to be aware of:

- Beneficiaries change from Fee-for-Service to Medicare Advantage Plan or from Medicare Advantage Plan to Fee-for-Service - check eligibility in the Noridian Medicare Portal to ensure you are billing the correct payer
- Deductible changes, Medicare Part B - $233 for 2022

Noridian Medicare Portal (NMP) Expanded Denial Details

The NMP offers expanded denial details through the claim status function without performing a separate eligibility inquiry. For example, Medicare Secondary Payer (MSP) will display the following:

- Insurer type
- Name
- Address
- Policy number
- Effective and term date
- Additional resources

Learn more about this important feature on the NMP Inquiry Guide webpage.

NSC Accreditation Reminder

Ensure your accreditation information is up to date. Beginning on January 3, 2022, DMEPOS suppliers will receive informational messaging on their remit advice if the supplier is billing for products and services without the appropriate accreditation. DMEPOS suppliers are reminded to get accreditation, as required, to avoid future claim submission denials. Refer to DMEPOS Basics Fact Sheet ICN905710

Oxygen DME on Demand Tutorials

Noridian offers self-paced DME on Demand education, which is available to you 24/7. The oxygen-focused education covers topics including:

- Coverage criteria
- Coding and billing guidelines
- Maintenance and servicing
- Testing requirements
- And much more

These tutorials also include scenario-based examples specific to oxygen claims. The tutorials are updated frequently to keep you up to date! Find them on the Education and Outreach tab under DME on Demand Tutorials. You don't want to miss out!

Power Mobility Device Condition of Payment Prior Authorization Expands to Include Power Operated Vehicles

In December 2016, CMS issued a final rule that established a Condition of Payment Prior Authorization (COPPA) process for certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) that are frequently subject to unnecessary utilization. This process was implemented in March 2017 for two HCPCS codes and expanded to include 51 items as of December 2020.

CMS published a notice in the Federal Register January 13 adding the following Power Mobility Device (PMD) Power Operated Vehicle (POV) HCPCS codes to COPPA program: K0800, K0801, K0802, K0806, K0807, and K0808. This will be effective nationwide for dates of service on or after April 13, 2022.

See the Medicare Learning Network (MLN) article SE20007 for additional information on the COPPA expansion.

Qualifying Wounds for Surgical Dressing Coverage

There are two basic situations when surgical dressings are covered.

1. When they are required for the treatment of a wound caused by or treated by a surgical procedure; or
2. When they are required after debridement of a wound

The surgical debridement must be performed by a physician or other healthcare professional to the extent permissible under state law.

Types of debridement:

- Surgical (sharp instrument or laser)
- Mechanical (irrigation or wet-to-dry dressing)
- Chemical (topical application of enzymes)
- Autolytic (application of occlusive dressings to an open wound)

Additional information on Surgical dressing can be found in the Local Coverage Determination (LCD) L33831 and Policy Article A54563 on the CMS website.

Receiving Denials for Missing Certificate of Medical Necessity - Reason Code 16, Remark Code M60

When Reason Code 16, Remark Code M60 is received on a remittance advice, an initial CMN or DME Information Form (DIF) was not submitted with the claim or is not on file with Noridian. Utilize the Denial Code Resolution tool on the Noridian Medicare website for the next steps to resolve the denial and how to avoid future denials.

Receiving Denials with Reason Code 151, Remark Code N115, How Can We Resolve?

If you have received a denial with Reason Code 151, Remark Code N115 on a remittance advice, either there is a date span overlap or overutilization. Determine if a self-service reopening or a redetermination is required to resolve and how to initiate one on the Noridian Medicare Portal. Find resources and how to resolve and avoid future denials on this Denial Code Resolution page on the Noridian Medicare website.

Receiving Inpatient Denials for the First Month's Claim Submission for Rental Equipment

The DMEPOS benefit is meant only for items a beneficiary is using in his or her home. For a beneficiary in a Part A inpatient stay, an institution is not defined as a beneficiary's home for DMEPOS. Medicare does not make separate payment for DMEPOS when a beneficiary is in this type of facility.

However, there is an exception to the general rule. A supplier may deliver a DME, prosthetics, or orthotics item (but not supplies) to a beneficiary in an inpatient facility that does not qualify as the beneficiary's home, for the purpose of fitting or training the beneficiary in the proper use of the item. This delivery may be done up to two (2) days prior to the beneficiary's anticipated discharge to their home. The supplier must bill the date of service on the claim as the date of discharge and the supplier must ensure that the beneficiary takes the item home. Or the supplier can pick up the item at the facility and deliver it to the beneficiary's home on the date of discharge.

For more information, review the Standard Documentation Requirements for All claims Submitted to DME MACS.

Reminders for Recalled Equipment Usage and Billing

This article provides reminders for suppliers when equipment is no longer being used by the beneficiary or in the case of recall, has been submitted for repair or replacement.

Billing for equipment or supplies not being used by a beneficiary is inappropriate billing. It is the supplier's duty to ensure that equipment is being used before billing for the monthly rental.

In addition, before sending supplies to a beneficiary, the supplier must meet the refill requirements, as outlined below:

- For items that the beneficiary obtains in-person at a retail store, the signed delivery slip or a copy of the itemized sales receipt is sufficient documentation of a request for refill.
- For items that are delivered to the beneficiary, documentation of a request for refill must be either a written document received from the beneficiary or a contemporaneous written record of a phone conversation/contact between the supplier and beneficiary. The refill request must occur and be documented before shipment. A retrospective attestation statement by the supplier or beneficiary is not sufficient.

The refill record must include:

- Beneficiary's name or authorized representative if different from the beneficiary,
- A description of each item that is being requested,
- Date of refill request,
- For non-consumable supplies i.e., those more durable items that are not used up but may need periodic replacement (e.g., PAP and RAD supplies) the supplier must assess whether the supplies remain functional, providing replacement (a refill) only when the supply item(s) is no longer able to function. The supplier must document the functional condition of the item(s) being refilled in sufficient detail to demonstrate the cause of the dysfunction that necessitates replacement (refill).
- For consumable supplies i.e., those that are used up (e.g., ostomy or urological supplies, surgical dressings, etc.) the supplier must assess the quantity of each item that the beneficiary still has remaining to document that the amount remaining will be nearly exhausted on or about the supply anniversary date.

This information must be kept on file and be available upon request.

Lastly, suppliers are reminded that once the machine has been repaired or replaced, monthly rentals will resume, but a new capped rental period will not begin. This period of non-usage is considered a break-in-billing.

Respiratory Assist Device (RAD) Educational Tutorials

The Noridian Outreach and Education team offers RAD self-paced educational materials. These DME on Demand tutorials are available 24/7 to help with your training needs. Users will be redirected to YouTube to view these tutorials. Talk to your IT department for information about how to obtain restricted access to the Noridian YouTube channel.

- RAD: Initial 12-Week Coverage - 12 minutes
- RAD: Continue Coverage Beyond Three Months - 4 minutes
- RAD: Entering Medicare and RUL Requirements - 5 minutes

Rural ZIP Code Payment - Resolved 01/12/22

Provider/Supplier Type(s) Impacted: Suppliers who submit claims for beneficiaries with rural ZIP codes

Reason Codes: Not applicable.

Claim Coding Impact: Not applicable.

Description of Issue: Claims processed on 12/09/21 did not pay at the Rural ZIP code fee. The issue was corrected on 12/10/21. Claims will be reprocessed to pay at the correct fee.

Noridian Action Required: Noridian will mass adjust the impacted claims.

Provider/Supplier Action Required: No action required.

Proposed Resolution/Solution: Noridian will mass adjust the impacted claims once they have finished processing.

01/12/22 - Noridian mass adjusted the claims.

Date Reported: 12/22/21

Date Resolved: 01/12/22

Self-Service Reopening Mandated Use Reminder

Effective June 1, 2020 Noridian required suppliers to use the Noridian Medicare Portal (NMP) for all reopenings that are available through the self-service reopening feature. If the reason for the telephone reopening request can be completed using the self-service option, the call center representative will direct the caller to use this option.

Service Specific Post-Payment Reviews

The Jurisdiction D, DME MAC, Medical Review Department is conducting post-payment service specific review for the below specialty. The following final edit effectiveness results from August 2021 - November 2021 can be located on the Medical Record Review Results webpage:

- Knee Orthosis
- Urological Supplies
- Ankle-Foot Orthotics
- Surgical Dressings
- Glucose Supplies
- Ostomy Supplies
- Spinal Orthotics

Signature Not Required on an Appeal

A signature is no longer a required element of an appeal. Paper forms do not contain a signature box. If you are submitting a reopening or redetermination appeal in the Noridian Medicare Portal (NMP), a signature is optional. If you choose to sign the appeal, enter your name and check the attestation box and choose "Submit." If you choose not to sign the appeal, choose "Skip this Step."

Targeted Probe and Education (TPE) Pre-Payment Reviews

The Jurisdiction D, DME MAC, Medical Review Department is conducting pre-payment supplier specific reviews for the below specialties. The following quarterly edit effectiveness results from August 2021 - December 2021 can be located on the Medical Record Review Results webpage:

- Ankle-Foot Orthotics
- Glucose Supplies
- Knee Orthosis
- Osteogenesis Stimulators
- Ostomy Supplies
- Therapeutic Shoes
- Spinal Orthotics
- Surgical Dressings
- Urological Supplies

Therapeutic Shoes for Persons with Diabetes (TSPD) Educational Tutorials

The Noridian Outreach and Education team offers TSPD self-paced educational materials. These DME on Demand tutorials are available 24/7 to help with your training needs. Users will be redirected to YouTube to view these tutorials. Talk to your IT department for information about how to obtain restricted access to the Noridian YouTube channel.

- Collaborative TSPD - 33 minutes
    - Webinar focusing on A/B provider education
- TSPD: Certifying, Prescribing, and Supplier Roles - 6 minutes
- TSPD: Coverage Criteria - 10 minutes
- TSPD: Documentation Requirements - 9 minutes

Top Activities a New Supplier, Biller, or Website Visitor Should Complete

This table of activities will help you become familiar with the website through a site tour and site map, understand the benefits of electronic claim submissions, and how to use self-service options like the Interactive Voice Response (IVR) system and Noridian Medicare Portal (NMP). Become a Noridian email subscriber to receive latest updates, find and register for training events and create favorites and bookmarks. View them all today, including the New Supplier Training Opportunity Checklist that includes a comprehensive list of pre-recorded tutorials available by accessing our DME on Demand webpage.

Watch DME on Demand Tutorials Anytime

Do you need a little refresher on ostomy, surgical dressings, or osteogenesis stimulators? Watch a self-paced DME on Demand tutorial on the following topics:

- Ostomy Supplies - 8 minutes
- Osteogenesis Stimulators: Billing and Coding - 3 minutes
- Osteogenesis Stimulators: Coverage Criteria - 6 minutes
- L200 Surgical Dressings - Part 1 - 12 minutes
- L200 Surgical Dressings - Part 2 - 7 minutes

Watch Manual Wheelchair Tutorials Anytime

Do you need a little manual wheelchair refresher? Watch a self-paced DME on Demand tutorial.

- Manual Wheelchair K0001-K0003 Scenarios L200 - 6 minutes
- Manual Wheelchair Home Assessment - 4 minutes
- Manual Wheelchair Bases - 13 minutes
- Manual Wheelchair Upgrades - 5 minutes

Watch Orthoses Tutorials Anytime

Do you need a little Ankle Foot (AFO), Knee Ankle Foot (KAFO), or Knee Orthosis (KO) refresher? Watch a self-paced DME on Demand tutorial.

- AFO/KAFO - 7 minutes
- Knee Orthoses: Prefabricated - 8 minutes
- Knee Orthoses: Custom Fabricated - 6 minutes

Webinar Recordings on Demand Coming Soon

Noridian Healthcare Solutions will provide access to live webinar recordings in the coming months. These recordings will be available for a limited time and will be accessed through our Education and Outreach page on the Noridian website. Recordings will be viewed through GoToStage. Please note that not all webinars will be posted. Continuing Education Units (CEU) will not be available for recorded webinars. Watch for the announcement once they are available.

Webinar Registration Allows Pre-Submitted Questions

Suppliers, when you are registering to attend a webinar, you will be asked "What question do you hope to have answered by attending this event?" By talking with your peers and billing office staff members prior to registering, you can help ensure Noridian delivers tailored outreach to meet your needs.

The Provider Outreach and Education team hopes to tailor our presentations to best fit your training needs. Having you submit your question(s) during the registration process provides us the opportunity to research and streamline the question-and-answer portion at the end of each webinar.

Noridian appreciates the supplier feedback received through our satisfaction surveys, including the compliments and recommendations regarding the question-and-answer portion of events.

YOUR Survey Comments Making a Difference September-December 2021

Thank you for helping US improve YOUR education! We review every survey comment from our suppliers. Look what we did in response to YOUR webinar surveys.

- In answer to requests for MORE entry level information, we wrote an article titled, "Top Activities a New Supplier, Biller, or Website Visitor Should Complete." This ran on Facebook and our website from October-December. The article provided links to our New Supplier New Biller and DME on Demand Tutorials webpages.
- A tutorial was created and posted on Noridian's YouTube channel called "Navigating Noridian's Website." This tutorial shows how to subscribe to our education email, the basics of navigating the website, and available tools.
- When suppliers couldn't locate the survey link during webinars, instead of just describing it, we created a Survey Link slide for our webinars SHOWING the location.
- In response to POSITIVE comments when we showed features on our website, we now LOOK for opportunities to take you there and show you around during our webinars.
- When you mentioned you thought CHANGE would be good, a resource slide was added to webinars detailing how to submit an LCD Reconsideration with a link to our webpage.

MEDICAL POLICIES AND COVERAGE .....

2022 HCPCS Code Update - January Edition - Correct Coding

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, **2022 HCPCS Code Update - January Edition - Correct Coding**, has been created and published to our website.

View the locally hosted 2021 DMD articles.

- Go to Noridian Medical Director Articles webpage
    - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

Completion of Certificates of Medical Necessity (CMN) - Annual Reminder

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, **Completion of Certificates of Medical Necessity (CMN) - Annual Reminder**, has been created and published to our website.

View the locally hosted 2022 DMD articles.

- Go to Noridian Medical Director Articles webpage
    - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

Continuous Glucose Monitors - Correct Coding and Billing

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, **Continuous Glucose Monitors - Correct Coding and Billing**, has been created and published to our website.

View the locally hosted 2022 DMD articles.

- Go to Noridian Medical Director Articles webpage
    - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

Enteral Nutrition - Correct Coding and Billing - Revised

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, **Enteral Nutrition - Correct Coding and Billing - Revised**, has been created and published to our website.

View the locally hosted 2021 DMD articles.

- Go to Noridian Medical Director Articles webpage
    - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

HCPCS Code Pricing Correction - Dynamic Positioning Hardware (E2398)

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, **HCPCS Code Pricing Correction - Dynamic Positioning Hardware (E2398)**, has been created and published to our website.

View the locally hosted 2021 DMD articles.

- Go to Noridian Medical Director Articles webpage
    - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

HCPCS Codes K1018 and K1019 - Correct Coding

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, **HCPCS Codes K1018 and K1019 - Correct Coding**, has been created and published to our website.

View the locally hosted 2022 DMD articles.

- Go to Noridian Medical Director Articles webpage
    - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

Irrigation Supply Sleeves - Correct Coding

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, **Irrigation Supply Sleeves - Correct Coding**, has been created and published to our website.

View the locally hosted 2022 DMD articles.

- Go to Noridian Medical Director Articles webpage
    - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

Items Provided on a Recurring Basis and Request for Refill Requirements - Annual Reminder - January 2022

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, **Items Provided on a Recurring Basis and Request for Refill Requirements - Annual Reminder - January 2022**, has been created and published to our website.

View the locally hosted 2022 DMD articles.

- Go to Noridian Medical Director Articles webpage
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- Locate/select article title

LCD and Policy Article Revisions Summary for December 30, 2021

Outlined below are the principal changes to the DME MAC Local Coverage Determinations (LCDs) and Policy Articles (PAs) that have been revised and posted. The policies included are Bowel Management Devices, Ostomy Supplies and Standard Documentation Requirements for All Claims Submitted to DME MACs. Please review the entire LCDs and related PAs for complete information.

BOWEL MANAGEMENT DEVICES

LCD

Revision Effective Date: 10/01/2021
CODING INFORMATION:
Added: HCPCS code A4453, due to quarterly HCPCS code release

12/30/2021: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because the revisions are non-discretionary updates to CMS HCPCS coding determinations.

PA

Revision Effective Date: 10/01/2021
CODING GUIDELINES:
Revised: A4459 coding guideline information, to clarify all-inclusive at initial issue
Added: A4453 billing direction, for use when billing disposable catheter refills

12/30/2021: At this time the 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

OSTOMY SUPPLIES

LCD

Revision Effective Date: 01/01/2022
COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:
Removed: HCPCS code A4397 from Usual Maximum Quantity of Supplies table
Added: HCPCS codes A4436 and A4437 to Usual Maximum Quantity of Supplies table
CODING INFORMATION:
Removed: HCPCS code A4397 from Group 1 Codes (invalid code on or after DOS 01/01/2022)
Added: HCPCS codes A4436 and A4437 to Group 1 Codes (valid on or after DOS 01/01/2022)

12/30/2021: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because the revisions are non-discretionary updates per CMS HCPCS coding determinations.

PA

Revision Effective Date: 01/01/2022
CODING GUIDELINES:
Added: Billing direction regarding codes A4436 and A4437 (valid for billing on or after DOS 01/01/2022)
Removed: Code A4397 (invalid for billing on or after DOS 01/01/2022)

12/30/2021: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

Nebulizers and Pneumatic Compressions Devices Open Meeting Video and Transcripts

The videos and transcripts of the November 3, 2021 virtual Open Meetings, for the proposed Nebulizers (DL33370) LCD and proposed Pneumatic Compressions Devices (DL33829) LCD, have been posted. Please visit Noridian's Open Meeting webpage to view this information.

Parenteral Nutrition - Correct Coding and Billing - Revised

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, **Parenteral Nutrition - Correct Coding and Billing - Revised**, has been created and published to our website.

View the locally hosted 2021 DMD articles.

- Go to Noridian Medical Director Articles webpage

  - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

Partial Foot, Shoe Inserts (Toe Fillers), and Shoe Inserts for Diabetics - Coding Based on Benefit Category - Correct Coding

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, **Partial Foot, Shoe Inserts (Toe Fillers), and Shoe Inserts for Diabetics - Coding Based on Benefit Category - Correct Coding**, has been created and published to our website.

View the locally hosted 2021 DMD articles.

- Go to Noridian Medical Director Articles webpage
  - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

Policy Article Revisions Summary for February 3, 2022

Outlined below are the principal changes to the Policy Article (PA) that has been revised and posted. The policy included is Standard Documentation Requirements for All Claims Submitted to DME MACs. Please review the entire Local Coverage Determinations (LCDs) and related PAs for complete information.

STANDARD DOCUMENTATION REQUIREMENTS FOR ALL CLAIMS SUBMITTED TO DME MACS

PA

Revision Effective Date: 04/06/2020
DOCUMENTATION REQUIREMENTS:
Added: Statement regarding exceptions to ongoing justification for continued medical need

12/30/2021: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination. This revision is non-substantive.

Note: The information contained in this article is only a summary of revisions to the LCDs and PAs. For complete information on any topic, you must review the LCDs and/or PAs.

With the update(s) listed above, Noridian would like to remind users how to find the policy that was previously effective. When billing, the supplier should follow guidance that was effective on the date of service. The below steps can be followed to find all previous policies:

1. Open the currently effective policy on the Medical Coverage Database (MCD)
   a. Links to the MCD can be found on the Active LCDs page on the Noridian website
      i. There is a link at the top of the Active LCD page that goes to a full list of the LCDs or PAs, depending on which link is selected OR
      ii. There are direct links to all LCDs under the 'LCD ID number and Effective Date' column
2. Scroll down to the bottom of the policy
3. Find the section labeled Public Version(s)
4. Look for the link to the policy that was effective on the dates of service in question
5. Click on hyperlink to go to the policy

MLN CONNECTS

MLN Connects - December 2, 2021

National Influenza Vaccination Week

MLN Connects newsletter for Thursday, December 2, 2021

NEWS

- National Influenza Vaccination Week
- Clinical Laboratory Fee Schedule: CY 2022 Final Payment Determinations
- Skilled Nursing Care & Skilled Therapy Services to Maintain Function or Prevent or Slow Decline: Reminder
- Ambulance Prior Authorization Model Expands February 1

CLAIMS, PRICERS, & CODES

- Hospital Inpatient EHR Reductions
- ICD-10: New Diagnosis & Procedure Codes Effective April 1, 2022

MLN MATTERS® ARTICLES

- 2022 Annual Update to the Therapy Code List
- Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2022
- Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2022
- Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update

PUBLICATIONS

- Ordering External Breast Prostheses & Supplies - Revised
- Checking Medicare Eligibility - Revised

MLN Connects Special Edition - December 2, 2021 - CMS Encourages People with Medicare to get COVID-19 Vaccine Booster Shot

As part of the Biden-Harris Administration's ongoing efforts to ensure that Americans are vaccinated against COVID-19 and to reduce stress across the nation's health care system, the Centers for Medicare & Medicaid Services (CMS) is encouraging those with Medicare who are fully vaccinated to get a booster dose of the COVID-19 vaccine. Data shows that a COVID-19 vaccine booster dose increases immune response, which improves protection against COVID-19.

CMS is doing the following to encourage those with Medicare to get fully vaccinated and get their booster dose:

- **Sending a letter to people with Medicare:** All of the 63 million people who currently have Medicare will receive a letter encouraging them to get their COVID-19 vaccine booster as soon as possible.
- **Conducting campaigns and paid advertising:** This outreach will focus on those with Medicare who are not fully vaccinated against COVID-19 and will include reminders about getting the annual flu shot.
- **Including 1-800 MEDICARE reminders:** Approximately two million people call 1-800-MEDICARE each month. They will hear a reminder to get their COVID-19 boosters at the beginning of their call.
- **Including a message in Medicare Summary Notices:** For people with Original Medicare, CMS will include a COVID-19 booster message in their Medicare Summary Notice (the explanation of benefits people receive when a claim is filed) over the next several months.
- **Sending email reminders:** CMS will send COVID-19 vaccine booster reminder emails to the more than 14 million people that receive Medicare emails.
- **Delivering consistent communication via social media:** The @MedicareGov Twitter handle will continue to tweet about the importance of COVID-19 vaccine boosters.

- **Engaging local and national partners:** CMS is contacting more than 500 organizations, with a potential reach of more than five million members, and supplying them resources from Department of Health & Human Services (HHS) and the Centers for Disease Control and Prevention (CDC). The agency is also offering webinars to allow partners to interact with experts on encouraging COVID-19 vaccination.
- **Conducting outreach to health plans:** CMS and CDC are continuing their outreach to health plans to help them understand best practices for encouraging COVID-19 vaccinations and parameters for coverage of COVID-19 vaccines and boosters.
- **Conducting outreach to nursing homes:** CMS continues to work with nursing homes to increase COVID-19 vaccine and booster uptake. These efforts include deploying Quality Improvement Organizations (QIOs)--operated under the Medicare Quality Improvement Program--to assist nursing homes with low rates of initial and booster vaccinations and disparities in access to vaccinations. CMS will continue to explore additional outreach efforts to further support nursing homes.
- **Conducting media outreach:** CMS Administrator Chiquita Brooks-LaSure and other CMS leaders are encouraging COVID-19 vaccine boosters as part of their Medicare open enrollment outreach.

People with Medicare pay nothing when they get the COVID-19 vaccine and booster and there is no applicable copayment, coinsurance, or deductible. In addition, thanks to the American Rescue Plan (ARP), nearly all Medicaid and CHIP beneficiaries must receive coverage of COVID-19 vaccines and boosters without cost-sharing. COVID-19 vaccines and boosters will also be covered without cost-sharing for eligible consumers of most health insurance issuers in the commercial market. People can visit vaccines.gov (English) or vacunas.gov (Spanish) to search for vaccines nearby.

CMS continues to explore ways to ensure maximum access to COVID-19 vaccinations. More information regarding the CDC COVID-19 Vaccination Program Provider Requirements and how the COVID-19 vaccine is provided through that program at no cost to recipients is available at https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html and through the CMS COVID-19 Provider Toolkit.

CDC guidance on when to get a COVID-19 vaccine booster based on the last vaccine dose is available at: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html?s_cid=11706:cdc%20covid%20booster%20recommendations:sem.ga:p:RG:GM:gen:PTN:FY22.

MLN Connects Special Edition - December 6, 2021 - Provider Requirements Under the No Surprises Act Special ODF - December 8

Wednesday, December 8 from 2 - 3 pm ET

CMS will host a Special Open Door Forum (SODF) to explain provider requirements under the No Surprises Act. Starting January 1, 2022,consumers will have new billing protections when getting emergency care, non-emergency care from out-of-network providers at in-network facilities, and air ambulance services from out-of-network providers. These requirements generally apply to items and services provided to people enrolled in group health plans, group or individual health insurance coverage, Federal Employees Health Benefits plans, and the uninsured.

These requirements don't apply to people with coverage through programs like Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE that have other protections against high medical bills.

This SODF will include:

- Background and purpose
- Requirements for providers, facilities, and providers of air ambulance services starting January 1
- Enforcement provisions
- Resources and definitions
- Q&A session

How to Participate:

- Dial: 1-888-455-1397; conference ID # 8604468
- TTY services: Dial 7-1-1 or 800-855-2880

More Information:

- Presentation
- Provider Requirements and Resources webpage
- Questions: provider_enforcement@cms.hhs.gov

MLN Connects - December 9, 2021

CY 2022 Medicare Deductible, Coinsurance, & Premium Rates

MLN Connects newsletter for Thursday, December 9, 2021

NEWS

- PECOS: Multi-Factor Authentication Requirement Delayed
- HHS Seeks Public Comments to Advance Equity & Reduce Disparities in Organ Transplantation, Improve Life-Saving Donations, and Dialysis Facility Quality of Care
- Orthoses Referring Providers: Comparative Billing Report in December

COMPLIANCE

- Implanted Spinal Neurostimulators: Document Medical Records

MLN MATTERS® ARTICLES

- Reduced Payment for Physical Therapy and Occupational Therapy Services Furnished in Whole or in Part by a Physical Therapist Assistant or an Occupational Therapy Assistant
- Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2022

PUBLICATIONS

- Independent Diagnostic Testing Facility (IDTF) - Revised

MLN Connects - December 16, 2021

2% Payment Adjustment (Sequestration) Changes

MLN Connects newsletter for Thursday, December 16, 2021

NEWS

- Medicare FFS Claims: 2% Payment Adjustment (Sequestration) Changes
- Flu Shot Disparities
- Opioid Treatment Programs: New Information for 2022
- Medicare Clinical Laboratory Fee Schedule Private Payor Data Reporting - Delayed until 2023
- PEPPERs for Short-Term Acute Care Hospitals
- COVID-19 Vaccine & Monoclonal Antibody Products: Changes for MA Plan Claims Starting January 1, 2022

CLAIMS, PRICERS, & CODES

- Pneumococcal Conjugate Vaccine, 15 Valent
- Average Sales Price Files: January 2022
- Skin Substitute Codes
- National Correct Coding Initiative Medicare Policy Manual: Annual Update

EVENTS

- Medicare Ground Ambulance Data Collection System: Q&A Session - January 18

MLN MATTERS® ARTICLES

- Calendar Year 2022 Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule
- Incorporation of Recent Provider Enrollment Regulatory Changes into Chapter 10 of CMS Publication (Pub.) 100-08
- Summary of Policies in the Calendar Year (CY) 2022 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services List - Revised

PUBLICATIONS

- Opioid Treatment Programs (OTPs) Medicare Billing & Payment - Revised

INFORMATION FOR MEDICARE PATIENTS

- 2022 Medicare & You Handbook

MLN Connects Special Edition - December 17, 2021

CMS Funding 1,000 New Residency Slots for Hospitals Serving Rural & Underserved Communities

Administration takes action to address access to care, workforce shortages in high-need areas

On December 17, CMS took a critical step to advance health equity and access, issuing a final rule that will enhance the health care workforce and fund additional medical residency positions in hospitals serving rural and underserved communities.

The Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS) final rule with comment period establishes policies to distribute 1,000 new Medicare-funded physician residency slots to qualifying hospitals, phasing in 200 slots per year over five years. CMS estimates that funding for the additional residency slots, once fully phased in, will total approximately $1.8 billion over the next 10 years. In implementing a section of the Consolidated Appropriations Act (CAA), 2021, this is the largest increase in Medicare-funded residency slots in over 25 years. Other sections of the CAA being implemented further promote increasing training in rural areas and increasing graduate medical education payments to hospitals meeting certain criteria.

Read the full Press Release.

MLN Connects - December 23, 2021

COVID-19 Vaccine Access in Long-Term Care Settings

MLN Connects® for Thursday, December 23, 2021

Editor's Note: Happy holidays from the MLN Connects team! We'll release the next regular edition on Thursday, January 6, 2022.

NEWS

- COVID-19 Vaccine Access in Long-Term Care Settings
- DMEPOS Final Rule
- NPPES: Public Reporting of Digital Contact Information
- VBID Model: Hospice Benefit Component
- Federally Qualified Health Center CY 2022 PPS
- RHC: AIR Payment Limit for CY 2022

COMPLIANCE

- Surgical Dressings: Medicare Requirements

CLAIMS, PRICERS, & CODES

- January 2022 Integrated Outpatient Code Editor (I/OCE) Specifications Version 23.0

MLN MATTERS® ARTICLES

- Addition of the QW Modifier to Healthcare Common Procedure Coding System (HCPCS) Code 86328
- January 2022 Update of the Hospital Outpatient Prospective Payment System (OPPS)
- Claims Processing Instructions for the New Pneumococcal 15-valent Conjugate Vaccine Code 90671 and Pneumococcal 20-valent Conjugate Vaccine Code 90677 - Revised
- Intravenous Immune Globulin Demonstration - Revised

MLN Connects - January 6, 2022

Provider Compliance Product List Updated

MLN Connects newsletter for Thursday, January 6, 2022

NEWS

- COVID-19 Vaccine Access in Long-term Care Settings
- SNF VBP: Nominate Technical Expert Panel Members by January 16
- COVID-19 Vaccine & Monoclonal Antibody Products: Changes for MA Plan Claims Started January 1

CLAIMS, PRICERS, & CODES

- IPPS: Updated Web Pricer Features

EVENTS

- Medicare Ground Ambulance Data Collection System: Q&A Session - January 18

MLN MATTERS® ARTICLES

- January 2022 Update of the Ambulatory Surgical Center (ASC) Payment System
- Transvenous (Catheter) Pulmonary Embolectomy National Coverage Determination (NCD) Section 240.6
- Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2022
- Implementation of the Capital Related Assets Adjustment (CRA) for the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES) Under the End Stage Renal Disease Prospective Payment System (ESRD PPS) - Revised

PUBLICATIONS

- Original Medicare vs. Medicare Advantage
- Medicare Learning Network® (MLN) Provider Compliance Products - Revised
- Opioid Treatment Programs (OTPs) Medicare Enrollment - Revised

MLN Connects Special Edition - January 7, 2022 - COVID-19: New HCPCS Code for Remdesivir Antiviral Medication

Following the recent statement from the National Institutes of Health (NIH) COVID-19 Treatment Guidelines Panel regarding therapies for the COVID-19 Omicron variant, CMS created HCPCS code J0248 for VEKLURY™ (remdesivir) antiviral medication when administered in an outpatient setting. This code is available for use by all payers and is effective for dates of service on or after December 23, 2021:

- Long descriptor: Injection, remdesivir, 1 mg
- Short descriptor: Inj, remdesivir, 1 mg

Medicare Administrative Contractors (MACs) determine Medicare coverage when there is no national coverage determination, including in cases when providers use FDA-approved drugs for indications other than what is on the approved label. The MACs consider the major drug compendia, authoritative medical literature and accepted standards of medical practice to determine medical necessity when considering coverage. Therefore, the MACs will determine Medicare coverage for HCPCS code J0248 for VEKLURY™ (remdesivir) administered in an outpatient setting.

Your MAC will share coverage and claims processing information for J0248. Contact your MAC if you have questions about coverage.

MLN Connects - January 13, 2022

COVID-19: Long-term Care, Remdesivir, & Booster Doses

MLN Connects newsletter for Thursday, January 13, 2022

NEWS

- COVID-19: Updated Materials for Visiting Nursing Homes During Omicron Surge
- COVID-19: Vaccine Access in Long-term Care Settings
- COVID-19: New HCPCS Code for Remdesivir Antiviral Medication - Updated NIH Treatment Guidelines Panel Link
- COVID-19: Pfizer Booster Doses for Ages 12+ & Immunocompromised Ages 5-11
- CMS Proposes Medicare Coverage Policy for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease & National Stakeholder Call
- Additional Residency Positions: Apply by March 31
- Medicare Ground Ambulance Data Collection System: Updated Documents
- DMEPOS Requirement Updates Effective April 13
- RHC: AIR Payment Limit for CY 2022
- Non-Medical Factors Can Affect Patient Health

COMPLIANCE

- DMEPOS Items: Documenting Medical Records

CLAIMS, PRICERS, & CODES

- DMEPOS: Accreditation Claims Edits

EVENTS

- National Stakeholder Call with the CMS Administrator - January 18

PUBLICATIONS

- Clinical Lab Fee Schedule - Revised

MLN Connects - January 20, 2022

COVID-19: Long-term Care, RHCs, & FQHCs

MLN Connects newsletter for Thursday, January 20, 2022

NEWS

- COVID-19: Vaccine Access in Long-term Care Settings
- There's Still Time: Recommend the Flu Shot
- Chiropractic Treatment of the Spine: Comparative Billing Report in January

MLN MATTERS® ARTICLES

- Calendar Year (CY) 2022 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment - Revised
- New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE - Revised

PUBLICATIONS

- Rural Health Clinic - Revised

MLN Connects - January 27, 2022

COVID-19: Tools to Determine if Vaccine Requirements Apply

MLN Connects newsletter for Thursday, January 27, 2022

NEWS

- COVID-19: Tools to Determine if Vaccine Requirements Apply
- COVID-19 Vaccine Codes: Pfizer Pre-Diluted Vaccine for Patients Ages 12+ & Third Dose for Immunocompromised Patients Ages 5-11
- COVID-19: Vaccine Access in Long-term Care Settings
- Medicare Diabetes Prevention Program: New for Calendar Year 2022

CLAIMS, PRICERS, & CODES

- Acute Hospital Care at Home: New Occurrence Span Code and Revenue Code

MLN MATTERS® ARTICLES

- April 2022 Update to the Medicare Severity - Diagnosis Related Group (MS-DRG) Grouper and Medicare Code Editor (MCE) Version 39.1 for the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for 2019 Novel Coronavirus (COVID-19) Vaccination Status and ICD-10 Procedure Coding System (PCS) Codes for Introduction or Infusion of Therapeutics and Vaccines for COVID-19 Treatment
- Clinical Laboratory Fee Schedule - Medicare Travel Allowance Fees for Collection of Specimens
- CY2022 Telehealth Update Medicare Physician Fee Schedule
- Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
- Internet-Only Manual Updates (IOM) for Critical Care, Split/Shared Evaluation and Management Services, Teaching Physicians, & Physician Assistants
- New Waived Tests

PUBLICATIONS

- Home Infusion Therapy Services Monitoring Report

MLN Connects - February 3, 2022

Provider Compliance Virtual Focus Group - February 24

MLN Connects newsletter for Thursday, February 3, 2022

NEWS

- COVID-19: Letter to Health Care Facility Administrators on Health Care Worker Vaccination Rule
- COVID-19 Vaccine & Monoclonal Antibody Products: Changes for Medicare Advantage Plan Claims Started January 1 - Reminder

COMPLIANCE

- Home Health Low Utilization Payment Adjustment Threshold: Bill Correctly

CLAIMS, PRICERS, & CODES

- SNF Consolidated Billing Codes for CY 2022

EVENTS

- Provider Compliance Virtual Focus Group - February 24

MLN MATTERS® ARTICLES

- Expedited Review Process for Hospital Inpatients in Original Medicare
- Internet-Only Manual Updates for Critical Care Evaluation and Management Services
- Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
- National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds - Revised

PUBLICATIONS

- Medicare Preventive Services - Revised

MLN Connects Special Edition - February 3, 2022 - Biden-Harris Administration Will Cover Free Over-the-Counter COVID-19 Tests Through Medicare

CMS Developing Initiative to Enable Access to Eight Free Over-the-Counter COVID-19 Tests for Medicare Beneficiaries in Early Spring

As part of the Biden-Harris Administration's ongoing efforts to expand Americans' access to free testing, people in either Original Medicare or Medicare Advantage will be able to get over-the-counter COVID-19 tests at no cost starting in early spring. Under the new initiative, Medicare beneficiaries will be able to access up to eight over-the-counter COVID-19 tests per month for free. Tests will be available through eligible pharmacies and other participating entities. This policy will apply to COVID-19 over-the-counter tests approved or authorized by the U.S. Food and Drug Administration (FDA).

This is the first time that Medicare has covered an over-the-counter test at no cost to beneficiaries. There are a number of issues that have made it difficult to cover and pay for over-the-counter COVID-19 tests. However, given the importance of expanding access to testing, CMS has identified a pathway that will expand access to free over-the-counter testing for Medicare beneficiaries. This new initiative will enable payment from Medicare directly to participating pharmacies and other participating entities to allow Medicare beneficiaries to pick up tests at no cost. CMS anticipates that this option will be available to people with Medicare in the early spring.

Until then, people with Medicare can access free tests through a number of channels established by the Biden-Harris Administration. Medicare beneficiaries can:

- Request four free over-the-counter tests for home delivery at covidtests.gov.
- Access COVID-19 tests through healthcare providers at over 20,000 free testing sites nationwide. A list of community-based testing sites can be found here.
- Access lab-based PCR tests and antigen tests performed by a laboratory when the test is ordered by a physician, non-physician practitioner, pharmacist, or other authorized health care professional at no cost. In addition to accessing a COVID-19 lab test ordered by a health care professional, people with Medicare can also already access one lab-performed test without an order, also without cost sharing, during the public health emergency.

In addition:

- Medicare Advantage plans may offer coverage and payment for over-the-counter COVID-19 tests as a supplemental benefit in addition to covering Medicare Part A and Part B benefits, so Medicare beneficiaries covered by Medicare Advantage should check with their plan to see if it includes such a benefit.
- All Medicare beneficiaries with Part B are eligible for the new benefit, whether enrolled in a Medicare Advantage plan or not.

For more information, please see these Frequently Asked Questions, https://www.cms.gov/files/document/covid-19-over-counter-otc-tests-medicare-frequently-asked-questions.pdf

MLN Connects - February 10, 2022

COVID-19: New HCPCS Code for Convalescent Plasma in Outpatient Setting

MLN Connects newsletter for Thursday, February 10, 2022

NEWS

- COVID-19: New HCPCS Code for Convalescent Plasma in Outpatient Setting
- Long-term Care Hospital Provider Preview Reports: Review Your Data by February 25
- Inpatient Rehabilitation Facility Provider Preview Reports: Review Your Data by February 25
- Skilled Nursing Facility Quality Reporting Program: January Refresh
- Nursing & Allied Health Medicare Advantage Payment - Revision to CY 2018
- Help Address Heart Health Disparities

CLAIMS, PRICERS, & CODES

- Inpatient Psychiatric Facility: Web Pricer & Last PC Pricer

EVENTS

- Transitional Coverage for Emerging Technologies Listening Sessions - February 17 & March 31
- Provider Compliance Virtual Focus Group - February 24

PUBLICATIONS

- Getting Started with Hospice CASPER Quality Measure Reports - Revised

MULTIMEDIA

- COVID-19: Training for Frontline Nursing Home Staff & Management

MLN Connects - February 17, 2022

Expanded Coverage: Lung Cancer Screening with Low Dose Computed Tomography

MLN Connects newsletter for Thursday, February 17, 2022

NEWS

- CMS Expands Coverage of Lung Cancer Screening with Low Dose Computed Tomography
- There's Still Time to Recommend the Flu Shot

COMPLIANCE

- Surgical Dressings: Medicare Requirements

MLN MATTERS® ARTICLES

- Gap Billing Between Hospice Transfers
- April 2022 Update to the Medicare Severity - Diagnosis Related Group (MS-DRG) Grouper and Medicare Code Editor (MCE) Version 39.1 for the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for 2019 Novel Coronavirus (COVID-19) Vaccination Status and ICD-10 Procedure Coding System (PCS) Codes for Introduction or Infusion of Therapeutics and Vaccines for COVID-19 Treatment – Revised

MLN Connects Special Edition - February 18, 2022 - COVID-19 Monoclonal Antibodies: FDA Authorized Bebtelovimab

On February 11, the FDA authorized the emergency use of the monoclonal antibody bebtelovimab for the treatment of mild-to-moderate COVID-19 in adult and pediatric patients when all of these apply:

- They have a positive COVID-19 test result
- They're at high-risk for progression to severe COVID-19
- Alternative COVID-19 treatment options approved or authorized by the FDA aren't accessible or clinically appropriate for them

CMS created new codes, effective February 11:

Q0222:

- Long descriptor: Injection, bebtelovimab, 175 mg
- Short descriptor: Bebtelovimab 175

M0222:

- Long Descriptor: Intravenous injection, bebtelovimab, includes injection and post administration monitoring
- Short Descriptor: Bebtelovimab injection

M0223:

- Long Descriptor: Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency
- Short Descriptor: Bebtelovimab injection home

Visit the COVID-19 Monoclonal Antibodies webpage for more information.

MLN Connects - February 24, 2022

CMS Released Skilled Nursing Facility & ESRD Web Pricers

MLN Connects newsletter for Thursday, February 24, 2022

NEWS

- Podiatry Nail Debridement & Evaluation and Management Services: Comparative Billing Report
- Skilled Nursing Facilities: Submit Technical Expert Panel Nominations by March 16

CLAIMS, PRICERS, & CODES

- HCPCS Application Summaries & Coding Decisions: Non-Drug and Non-Biological Items and Services
- Skilled Nursing Facility Web Pricer
- ESRD: Web Pricer & Last PC Pricer

MLN MATTERS® ARTICLES

- CWF Editing - National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds
- International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) - July 2022
- Revisions to National Coverage Determination (NCD) 240.2 (Home Use of Oxygen) and 240.2.2 (Home Oxygen Use for Cluster Headache)
- Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2022 Update

MLN MATTERS

2022 Annual Update of HCPCS Codes for SNF CB Update

Related CR Release Date: October 14, 2021
Related CR Transmittal Number: R11052CP
Related Change Request (CR) Number: CR12487
Effective Date: January 1, 2022
Implementation Date: January 3, 2022

CR 12487 tells you about changes to Healthcare Common Procedure Coding System (HCPCS) codes and Medicare Physician Fee Schedule designations that will be used to revise Common Working File (CWF) edits to allow A/B Medicare Administrative Contractors (MACs) to make appropriate payments in accordance with policy for Skilled Nursing Facility (SNF) Consolidated Billing (CB) in Chapter 6, Section 110.4.1 for A/B MACs (B) and Chapter 6, Section 20.6 for A/B MACs (A).

View the complete CMS Change Request (CR)12487.

CY 2022 Update for DMEPOS Fee Schedule

MLN Matters Number: MM12521
Related CR Release Date: December 2, 2021
Related CR Transmittal Number: R11137CP
Related Change Request (CR) Number: 12521
Effective Date: January 1, 2022
Implementation Date: January 3, 2022

CR 12521 informs you of:

- The Calendar Year (CY) 2022 annual update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS_ fee schedule
- Fee schedule amounts for new and existing codes, as applicable
- Changes to DMEPOS payment policies

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)12521.

Modifications/Improvements to Value-Based Insurance Design (VBID) Model - Implementation - Revised

MLN Matters Number: MM12349 Revised
Related CR Release Date: October 20, 2021
Related CR Transmittal Number: R11071DEMO
Related Change Request (CR) Number: 12349
Effective Date: January 1, 2022
Implementation Date: January 3, 2022

Note: CMS revised this Article to reflect a revised CR 12349. The CR revision didn't impact the substance of the Article. CMS did change the CR release date, transmittal number, and the web address of the CR. All other information is the same.

CR 12349 tells you about modifications to CR 11754. That CR is testing the inclusion of the Medicare hospice benefit into MA through the VBID Model (Hospice Benefit Component) for Calendar Year (CY) 2022. Unless otherwise stated, all requirements in CR 11754 remain the same. CMS will test the Hospice Benefit Component of the Model through 2024.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)12349.

New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE - Revised

MLN Matters Number: SE20016 Revised
Article Release Date: January 13, 2022

Note: CMS revised this article to add the 2022 payment rate for distant site telehealth services and information on RHC payment limits. You'll find substantive content updates in dark red font (see pages 2, 3, 5, 6 and 7). All other information is the same.

To provide as much support as possible to you and your patients during the COVID-19 PHE, both Congress and we (CMS) have made several changes to Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) requirements and payments. These changes are for the duration of the COVID-19 PHE, and we'll make other discretionary changes as necessary to make sure that your patients have access to the services they need during the pandemic. For more information, view the RHC/FQHC COVID-19 FAQs at https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf.

View the complete CMS Medicare Learning Network (MLN) Matters (SE)20016.

RARC, CARC, MREP and PC Print Update

MLN Matters Number: MM12478
Related CR Release Date: November 17, 2021
Related CR Transmittal Number: R11111CP
Related Change Request (CR) Number: 12478
Effective Date: April 1, 2022
Implementation Date: April 4, 2022

CR 12478 informs you about:

- The latest update of the Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (CARC) code sets
- What you must do if you use Medicare Remit Easy Print (MREP) or PC Print
- Where to find the official code lists

Make sure your billing staff knows about these changes. If you use MREP or PC Print, be sure to get the latest version when available.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)12478.

Revisions to National Coverage Determination (NCD) 240.2 (Home Use of Oxygen) and 240.2.2 (Home Oxygen Use for Cluster Headache)

MLN Matters Number: MM12607
Related CR Release Date: February 10, 2022
Related CR Transmittal Number: R11263NCD and R11263CP
Related Change Request (CR) Number: 12607
Effective Date: September 27, 2021
Implementation Date: June 14, 2022

CR 12607 tells you about:

- Revisions to NCD 240.2, Home Use of Oxygen
- Removal of NCD 240.2.2, Home Oxygen Use for Cluster Headache

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)12607.

Update to Medicare Deductible, Coinsurance and Premium Rates for Calendar Year (CY) 2022

MLN Matters Number: MM12507
Related CR Release Date: November 30, 2021
Related CR Transmittal Number: R11136GI
Related Change Request (CR) Number: 12507
Effective Date: January 1, 2022
Implementation Date: January 3, 2022

CR 12507 is for new Calendar Year (CY) 2022:

- Medicare rates
- Part A and B Deductible and Coinsurance Rates
- Part A and B Premium Amounts

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)12507.